

**STATE OF MINNESOTA  
DEPARTMENT OF COMMERCE**  
85 – 7<sup>th</sup> PLACE EAST, SUITE 500  
ST. PAUL, MN 55101  
651-284-4206 (FAX)

**INSURANCE  
Resident Producers  
LETTER OF CLEARANCE REQUEST**

To request a letter of clearance from the State of Minnesota, you must fill out this form completely. Please note that clearance letters will not be faxed.

Name	Social Security Number	License Number
	____ - ____ - ____	

**ADDRESS TO SEND LETTER OF CLEARANCE TO:**

Street Address
City/State/Zip
Phone Number

**By submitting this form and signing my name, I understand that I am terminating my Minnesota Insurance Producer license.**

**Signature (required):**

**Date:**

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